

A Strategy Paper on Improving School Performance - Increasing Resilience to ‘Trump ACEs’ Lessons Learned and Policy Implications from a Review of Traditional and Innovative Practices Dario Longhi and Theresa Barila, April 2015

The argument:

Why are innovative school practices necessary to improve school performance?

The large and increasing prevalence of ACEs among students

What are the similarities in effective innovative school practices?

They require changes in adult mindsets, practices and policies to build resilience

What are the challenges to implementing such practices?

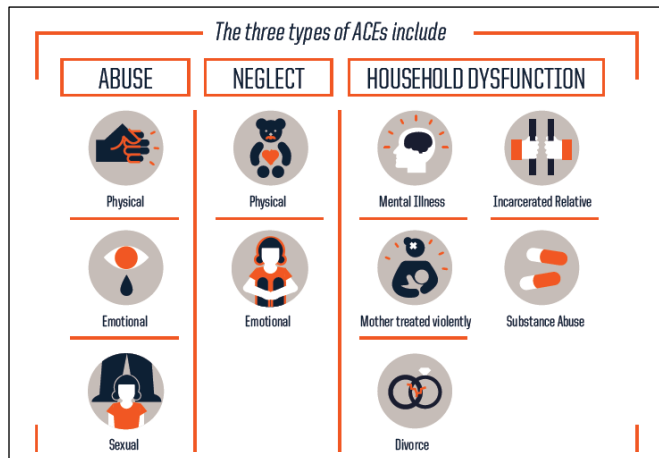
Two mental model shifts: the ACE paradigm shift and a new theory of change involving not only implementing Evidence Based Programs with children, but changing adult behavior of teachers, school staff, caregivers, parents and service providers

Schools cannot do it alone: need to support community capacity building to implement changes in provider practices, neighborhoods and community norms

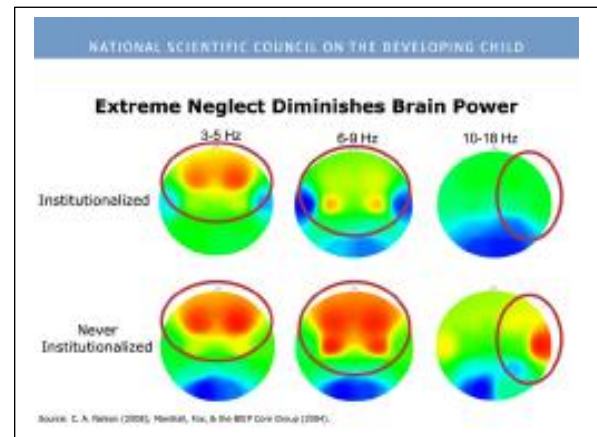
| CONTENTS | PAGE |
|---|------|
| BACKGROUND ON ACES AND RESILIENCE, BRAIN EXECUTIVE FUNCTION AND LEARNING | 2 |
| BACKGROUND ON INCREASING RESILIENCE THROUGH BUILDING COMMUNITY CAPACITY TO IMPLEMENT INNOVATIVE PRACTICES | 3 |
| TRADITIONAL AND INNOVATIVE PRACTICES TO ADDRESS THE PROBLEM OF IMPROVING SCHOOL PERFORMANCE | 4 |
| The Problem | |
| The Extent of the Problem | |
| Traditional Practices | |
| Innovative Trauma Sensitive Practices | |
| Characteristics and Results of Innovative Trauma Sensitive Practices: New Mental Models | |
| IMPROVING SCHOOL PERFORMANCE: THREE SELECTED TRAUMA SENSITIVE INNOVATIONS REQUIRING MENTAL MODEL CHANGES | 6 |
| Case Study of an Alternative High School in Walla Walla, Washington, 2009-13 | |
| Where 78% of the Students are Poor (get free lunch) and 25% are Hispanic | |
| Case Study of Fern Creek Elementary School in Orlando, Florida | |
| Case Study of Head Start-Trauma Smart in Kansas City, Missouri | |
| Lessons Learned from the Three Case Studies | |
| Emerging Consensus on How to Build Community Capacity | |
| Research Findings on the Relationships between Levels of Community Capacity, Resilience and Education | |
| POLICY IMPLICATIONS: INNOVATIVE PRACTICES NEED TO START EARLY AND BE SYSTEMICALLY REINFORCED IN ORDER TO MAXIMALLY INCREASE RESILIENCE AND IMPROVE SCHOOL PERFORMANCE | 10 |
| END NOTES | 11 |

BACKGROUND ON ACES AND RESILIENCE, BRAIN EXECUTIVE FUNCTION AND LEARNING

PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACES):
A majority of students have at least one ACE, a third have three or more.



ACES AFFECT THE DEVELOPMENT OF THE BRAIN:
The executive function of the brain, necessary for learning, becomes impaired due to ACEs, for example from Neglect.



EXECUTIVE FUNCTION: SKILLS FOR LIFE AND LEARNING

Research on the developing brain shows us that early childhood experiences build the foundation for a skilled workforce, a responsible community, and a thriving economy.

A new evidence base has identified a set of skills that are essential for school achievement.

When children have had *opportunities to develop executive function and self-regulation skills successfully*, both individuals and society experience lifelong benefits.

Source: Scientific publications and presentations by the Center on the Developing Child at Harvard University.

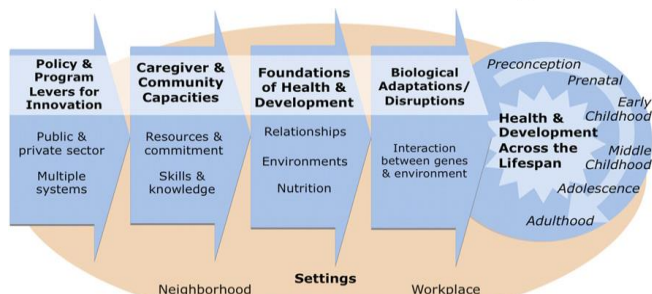


School Achievement

Executive function skills help children remember and follow multi-step instructions, avoid distractions, control rash responses, adjust when rules change, persist at problem solving, and manage long-term assignments. For society, the outcome is a better educated population capable of meeting the challenges of the 21st century.

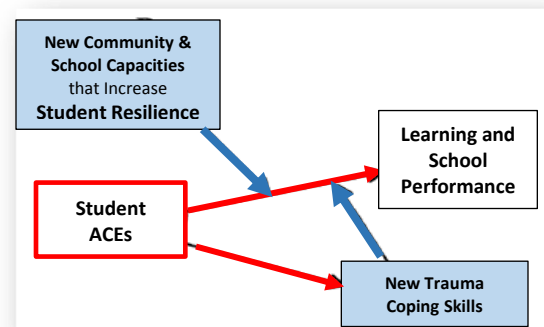
THEORY OF CHANGE AND IMPORTANCE OF INCREASING RESILIENCE TO MODERATE THE NEGATIVE EFFECTS OF ACES

A Science-Based Logic Model Could Inform More Effective Early Childhood Policies and Programs



Source: Shonkoff, J (2012), *Leveraging the biology of adversity to address the roots of disparities in health and development*

Higher Student Resilience and Coping Skills, Due to Changes in Caregiver, School and Community Capacities, Can Moderate the Effects of ACES



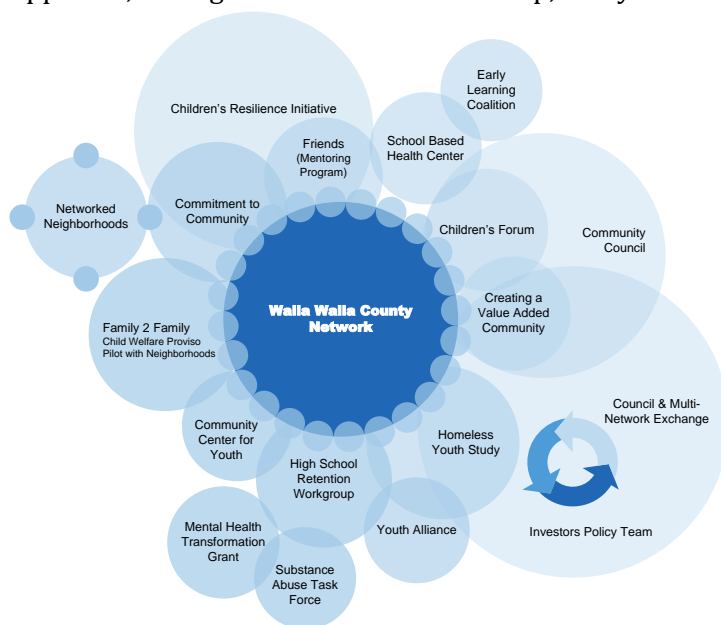
BACKGROUND ON INCREASING RESILIENCE THROUGH BUILDING COMMUNITY CAPACITY TO IMPLEMENT INNOVATIVE PREVENTION PRACTICES

An example innovative practice discussed in this paper, to increase resilience and improve school performance, was implemented in Walla Walla, a small rural town of about 30,000 people in the southeast corner of Washington State. In this section we briefly explain how this innovation was part of a larger community-wide strategy to increase community well-being, including both better health and higher education attainment.

We present this background information to show how the origin and success of innovative school practices were dependent on organizational efforts and changes in other domains, other than education. In a recent research report to the Washington State legislature, entitled **"No School Alone: How community risks and assets contribute to school and youth success,"** one of the recommendations was to:

*"Reinvigorate and make targeted empirically supported investments in building local community capacity to support state educational and service investments. If schools are not to be alone in addressing these challenges, schools need robust local partnerships to help maintain the will to act and identification of the social and material capital needed to support sustainable change."*¹

In Walla Walla, a community organization was created in 1997, one of the original Community Public Health and Safety Networks affiliated with the statewide Family Policy Council. Its board members include lay people and professionals from social services, education, public health, juvenile justice and law enforcement, businesses and local foundations. It has a dedicated staff member, supervised by the board, that helps initiate, implement and coordinate prevention activities that the community decides are important. The Community Network has supported, through collaborative leadership, many diverse activities over the past 18 years. See figure below.



The figure shows interconnected organizations working collaboratively on different interrelated community issues. Created at different times and at different stages of community capacity building, they represent a 'scaffolding' of community practices and organizations building systemically on each other.

Over the years, activities focused on what the community understood to be priorities, based on 'Children Forums,' 'conversations that matter' and meetings where community members learned from experts like Vince Felitti (ACEs), John Medina (neurobiology) and Dan Siegel (mindfulness).

All activities were 'strength based,' aimed at building community assets, increasing protective factors, and improving individual and collective resilience.

The first activities were aimed at improving children-community relationships underlying the problems of school truancy, substance use and youth depression.

Then, as understanding deepened on the poverty and ethnic factors associated with children's poor health, neighborhood work was begun to decrease parents' isolation -- to improve trust and reciprocal help (social capital – 'bonding') and support the emergence of neighborhood leadership.

In the early 2000s, scientific research showed the impact of ACEs on health and education, and ongoing prevention activities were reframed around resilience principles related to trauma sensitive practices. The Children's Resilience Initiative (CRI) was started, leading to the formation of a community team conversant in ACEs, brain development and resilience research. The alternative high school, Lincoln High, along with The Health Center, became a pilot site for trauma sensitive practices (2009-2013).

It is important to note that this multilevel change strategy involves multiple sustainable changes in provider practices, neighborhoods and community norms, "creating more nurturing and protective environments in multiple settings– at home, at school, among peers, and in the community."²

TRADITIONAL AND INNOVATIVE PRACTICES TO ADDRESS THE PROBLEM OF IMPROVING SCHOOL PERFORMANCE

The Problem

Students often cannot learn in schools that use traditional school practices if they have been traumatized by Adverse Childhood Experiences (ACEs): the executive function of their brains has been impaired due to disrupted neurodevelopment caused by the toxic emotional stress suffered, and can be 'shut down.'³

*"Severe and chronic trauma (such as living with an alcoholic parent, or watching in terror as your mom gets beat up) causes toxic stress in kids. Toxic stress damages kids' brains. When trauma launches kids into flight, fight or fright mode, they cannot learn. It is physiologically impossible."*⁴ This requires a shift to a new mental model of how to support learning.

The Extent of the Problem

ACEs are not a problem for just a few students; for example, those from ethnic minorities or in poorer schools. Recent national research shows that half the students in a 'normal' classroom have at least one ACE, and a third have three or more ACEs.^{5,6,7,8}

Traditional Practices

More discipline - Get rid of the "bad" students, and the "good" students can learn, get high scores, and live good lives.

Limitations of this approach:

Doesn't work for 'good' students: *"That's the myth - research on the frequent use of school suspension has indicated that, after race and poverty are controlled, higher rates of out-of-school suspension correlate with lower achievement scores."*⁹

Makes things worse for 'bad' students: Not behaving well in school, when in 'flight, fight or fright' mode is not a choice for high ACE students: the reaction is not a cognitive one, it is hardwired, instinctual, for survival. Not engaging in learning is not a choice either. We think we have safe classrooms, but the threat (hyper-arousal, vigilance, etc.) that their brain state creates, suggests un-safe conditions that we cannot see. *"Discipline with dignity" stuff is, well, useless. Punishing misbehavior just doesn't work. You're simply adding trauma to an already traumatized kid."*^{3,10}

Better subject-based training of teachers

Given the high prevalence of ACEs, better training of teachers may improve school outcomes for some, but not for all.

Limitation: Without trauma sensitive teaching methods and changes in school practices, schools cannot create emotional, physical and perceptual safety necessary for traumatized students to be able to learn. Recent evidence shows no significant impact of increased training of teachers on school outcomes, after accounting for poverty and ACE levels.⁸

More 'compassionate' schools with more student/family state-supported services

Some 'best practice' services are being modified to be trauma sensitive in order to be more effective, like 'Cue-Centered Treatment Protocol,' and school staff are being trained to recognize, assess and diagnose students needing such help.^{11,12}

Limitations: Traditional state-supported services (like mental health, substance abuse, and children's services) can only reach a small percentage of 'ACE diagnosed' students and families due to high costs and limited public funds for such services. Schools need to become trauma-sensitive and community supported services need to be expanded. Until teachers, school staff, and service providers understand what ACE science is telling them, and change to trauma-sensitive practices, they will continue to focus on the wrong end of the hierarchy of need, focusing on improving bad behavior and coping skills (top of the hierarchy) instead of improving basic needs and safety (bottom of the hierarchy). Until educators and service providers accept the new ACE paradigm, they will struggle with "adding this to a full plate;" rather than acknowledging this IS the plate. With a solid foundation (safety and social-emotional support), children WILL be in the brain state that allows them to acquire self-regulating skills and be engaged in academic learning. Teachers and school staff need to create and maintain this foundation for all students, not just send diagnosed children to specialists.^{13,14}

Overcoming key obstacles (to better school outcomes) by organizational and funding improvements

"Increase access to day care and pre-school education to improve readiness to learn; increase efforts to improve 3rd grade school test scores; improve family engagement in schools and their children's learning; decrease psychological and economic barriers to college enrollment, persistence, and graduation; provide school drop-outs with alternative opportunities." Evidence shows some early successes if school districts become better organized and funded.¹⁵

Limitations: Such school organizational successes require a large set of organizational improvements with a lot of extra funding that cannot be sustained without broader statewide, legislative and fiscal changes. Furthermore, such changes deal with only 'superficial level' obstacles, without dealing with the trauma related causes of such obstacles (ones related to ACEs, poverty and race/ethnicity). If these changes do not involve wholesale innovative teacher/school staff changes in practices supported by similar community-wide changes, then gaps caused by ACEs, poverty and race/ethnicity will not be overcome.¹⁶

Innovative Trauma Sensitive Practices - Trauma informed approaches to improve students' learning

Improving student coping skills: adding 'mindfulness' and self-calming strategies to existing school curriculum

Implement programs to help students better cope with stress cues related to adult inflicted trauma.

Preliminary evidence on a case study of Cesar Chavez in East Palo Alto and mindfulness shows beneficial results.^{17 18}

Challenges: Implementing trauma sensitive solutions requires a **paradigm shift**, from a focus on bad behaviors to one on underlying ACEs, resilience and coping skills. Implementation of such 'add-on' programs requires extra school funding.

Improving adult awareness and capabilities: a **new theory of change** in school practices and in communities

- New theory of change (Family Policy Council, Washington State and Frontiers of Innovation, Harvard Univ.): "...the need to focus on building the capabilities of caregivers and strengthening the communities that together form the environment of relationships essential to children's lifelong learning, health, and behavior."¹⁹
- Case studies of schools that implemented similar practices: alternative high school (Lincoln High, Walla Walla, Washington), elementary (Fern Creek, Orlando, Florida), Head Start-Trauma Smart (Kansas City, Missouri).^{20,21,22}
- New community capacity building (Washington State): "...opportunities to build relationships, residents collectively reflecting and taking action, an expanding sense of local identity based on that action, and an expanding circle of leaders... above a foundation of hope and possibility, shared power, and a culture of caring for all."^{23,24,25}

Early evidence from case studies shows improvements in resilience and learning, but requires a **new theory of change**, focusing not on children's behavior problems and single programs targeted at small groups of children with specific problems, but on awareness and skill capacities of adults to recognize the safety and regulating issues of trauma (teachers, school staff, caregivers neighbors, and service providers) and on community capacity to increase resilience to trump ACEs.

Challenges: Community capacity building requires years of work, often unique to the conditions and strengths of particular localities, thus needing decentralization of decision making authority in hierarchical state organizations. Changes in adults, including parents and other caregivers, requires self-awareness and shifts in traditional mental models, linked to core beliefs and personal identities. Furthermore, without ongoing support (training, policy and fiscal) from top authorities in schools, local and state organizations and legislative bodies, innovative practices cannot be sustained or spread.^{8,24,26}

Characteristics and Results of Innovative Trauma Sensitive Practices: New Mental Models - We discuss the need to adopt a new **ACE paradigm** and the urgency of a new **theory of change** focusing on changes in mental models of adults. We present the main characteristics of a select sample of innovative solutions and their preliminary results.

An ACE Paradigm Shift Leading to Calming Practices: Innovative 'Mindfulness' Programs

Dr. Victor Carrion, professor of Psychiatry at Stanford University, developed and helped implement mindfulness exercises with students and teachers at Cesar Chavez Elementary in a poor neighborhood in East Palo Alto, California.

*"Each session is structured around one of four central themes — paying attention to the present moment, paying attention with kindness, paying attention with curiosity and responding versus reacting — and involves a combination of formal mindfulness practices and reflection."*²⁷ Reactions have been positive.

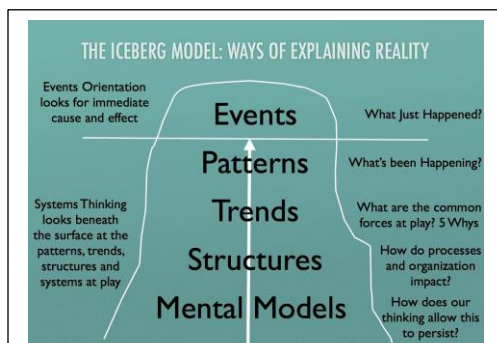
The principal: *"Keeping emotions in check can keep students safe"*

A teacher: *"I've seen tremendous growth in students from being in mindfulness; kids that have attitudes say: 'I didn't like that,' or 'please don't do that,' instead of lashing out."*

A student: *"As soon as I use it (the yoga mat), I'm not angry anymore, it calms me down."*²⁸

Research results on outcomes are preliminary, but very promising, some based on random controlled trials (RCT).

The Sonima Foundation has developed a K-12 curriculum based on best practices of health and wellness, including exercise based on yoga, relaxation techniques, mindfulness practices, and nutrition. The curriculum has been reviewed by doctors, scientists and researchers at the University of San Diego, Stanford University, Duke University and Long Island University.²⁹



Source: Peter Senge PhD, MIT Senior Lecturer, The Fifth Discipline Field book (1994) and the Dance of Change (1999)

A New Theory of Change: Adding Adult Mental Model Shift to the ACE Paradigm Shift

*"The marching orders are clear—we must embrace a spirit of constructive dissatisfaction with best practices, continually design and test new ideas, learn from things that do not work, and settle for nothing less than break-through impacts on important outcomes."*³⁰

Adding new programs focused on students may not be enough to break the intergenerational cycle of ACEs. Break-through impacts, as the theory states, can only come from collective impacts of changes in adult caregivers, including teachers and parents, and in the communities where students live.

IMPROVING SCHOOL PERFORMANCE: THREE SELECTED TRAUMA SENSITIVE INNOVATIONS REQUIRING MENTAL MODEL CHANGES

Case Study of an Alternative High School in Walla Walla, Washington, 2009-13 Where 78% of the Students are Poor (get free lunch) and 25% are Hispanic

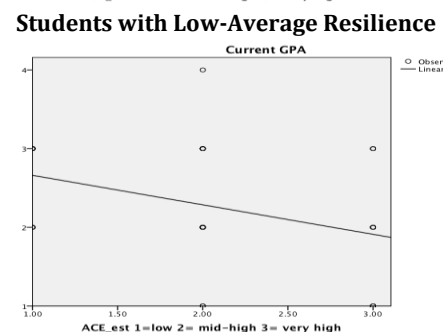
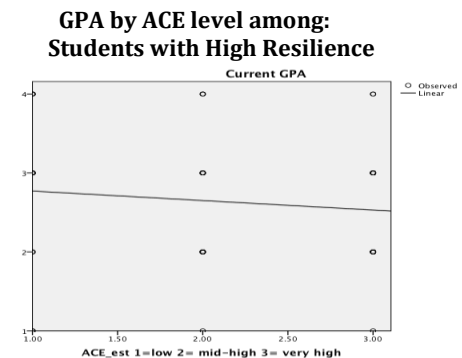
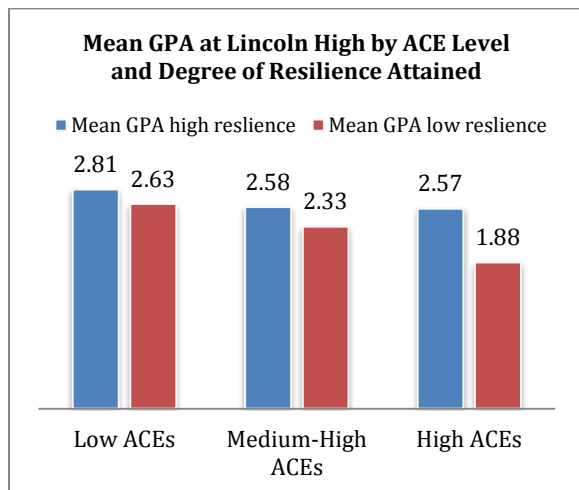
A recent study tested whether resilience had helped 'trump' the influence of ACEs on students' ability to learn and identified the school practices that had been implemented based on research findings on ACEs and brain science.

The major findings showed:

- Resilience increased for a majority of students, especially among those with high ACEs
- School experiences that students identified as important were a result of new innovative school practices.
- Students attaining higher levels of resilience had more of these experiences
- Grades, as a general measure of school performance, were associated with better attendance and performance on standardized tests - a result of students' higher commitment to school and actual learning
- For students who had attained high resilience, ACEs were no longer associated with poorer grades

Statistical tests showed that:

- Among the 70 percent of students who had achieved high levels of resilience, grades were uniformly high (a score above 4 on a scale of 1 to 7). Grades were not affected by ACE levels for these students. (See blue bars in the chart and almost horizontal line in top graph). The resilience that these students had gained had 'trumped ACEs.'
- Among the minority of students (30 percent) who still had lower levels of resilience, those with higher ACEs had lower grades. ACEs still had an impact. (See red bars and steep line below).



What different school practices were implemented at Lincoln High, ones associated with such changes?

A focus group of teachers and staff identified four sets of reinforcing, interrelated new practices:

1. *Safety ones* – Teachers provided an increased sense of safety to decrease 'trauma triggers' and provided emotionally safe spaces.
2. *Value ones* - Teachers and staff held and expressed *values of hope, teamwork, healthy family feeling, compassion and respect*; more *conversations that matter* increased the *quality of relationships* that reinforced the *values*.
3. *Conversation-relationship normative ones* - The more 'conversations that matter' that took place, the more articulations (descriptions) that occurred of behaviors of compassion and tolerance, the more behavioral norms were set and enforced.
4. *Learning ones* - Greater learning occurred due to fewer trauma triggers, generated by a greater sense of safety, due to different values and more 'conversations that mattered' between teachers and students, sustained by students' own reinforcement of different skills and new normative relations.

Students who had attained higher levels of resilience reported having the following important experiences at Lincoln High: 'trust and love', 'mutual respect and help', 'responsibility, control when upset and clear expectations' and 'pride in achievement, timely work and hope for the future.' These experiences were associated with new trauma sensitive school practices. To better understand what all this means, we display the profiles of how different students see themselves and their lives, in their own words, as 'trauma victims,' 'survivors' or 'thrivers.'

Trauma Victim – Little/No Resilience

Yes, I struggle with anger and depression

- all the time – because I deal with it every day and it only gets worse
- I punch walls - punch stuff
- I get mad and want to fight people
- think and cry - cause I don't like talking with people
- well, I don't cry, I hold my own... knowing nobody ever cares... really
- I cry or bottle it up and freak out days later
- smoke weed
- cut myself

Unable to cope

- I take it out by yelling at my brother
- I just like to have time alone. I'm more of a 'self-confine' person - I dislike to tell others about my problems because that would just get them involved

I plan to

- not be a bum
- get a piece of paper that says I am better than the person without it
- leave town
- be homeless
- die by age 20

Qualitative Findings: Experiences/Profiles

Survivor – Moderate Resilience

In my struggles with anger and depression

- I push everyone away from me, so what I do doesn't hurt them
- Sometimes I get down or low, but I have really good people in my life right now

To cope I

- try and calm down, because being angry isn't going to help the situation get better
- talk it out with a teacher
- get over it like an adult

The change

- nobody is judging you, and everyone accepts you for who you are – I think about hurting myself, which I don't, since I am strong enough not to

As for forming positive relationships I

- get to interact with my peers in a safe social environment
- talk to teachers about hard times in life
- look forward to being with people that care
- have gained trust
- met more people that I can count on to be there for me

As for future goals I

- don't get in trouble as much
- do not want to be a life sucker on society
- want to have a life!

As for school work I

- look forward to going to school, knowing that I am better than who I was at my other school
- have a chance to graduate
- can have a better future than the rest of my family

Thrivers – High Resilience

In past struggles I

- used to not eat for 4 days at a time
- too sad to do anything – felt worthless
- no point in doing things – I was always alone

To better cope I

- I was not doing good, but I had great friends to help me get through it all
- I stopped smoking grew better relationship with my family– teachers realized that I was making a change...

The biggest change has been

- my attitude – it has changed since I came to Lincoln – I look forward to every day
- I have become a lot nicer – became close enough to a teacher... to talk about anything
- fieldtrip – showed that everyone has their struggles and all it takes is just to reach out to them and let them know it is okay

Positive relations

- the only school that actually accepted me
- being able to change my life with the support of staff - meeting people I wouldn't think I would have a good relationship with

My proudest moment was

- when I was given support at Lincoln about what I can do – It helped me do more and work harder – to help me raise my GPA
- when I got my grades - I achieved something I never thought I would until I came here
- reached out for extra help in math which is something I probably would have been embarrassed about years ago

My school and future plans are

- I want to graduate from Lincoln High School because I have come too far to quit
- I also want to graduate because I can hold that as a memory that I was here as a part of Lincoln.
- yes, graduate, so I can go to a 4 year college, learn more... make it into a career
- I want to eventually get married and have children who will look up to me and be proud
- give my children a good role model

Case Study of Fern Creek Elementary School in Orlando, Florida

The school focused on changing teachers' mental models and practices after training in *Conscious Discipline*.

*"Conscious Discipline empowers us to be conscious of brain-body states in ourselves and children. It then provides us with the practical skills we need to manage our thoughts, feelings and actions. With this ability to self-regulate, we are then able to teach children to do the same. By doing this, we help children who are physically aggressive (survival state) or verbally aggressive (emotional state) become more integrated so they can learn and use problem-solving skills (executive state). When we understand the brain state model, we can clearly see the importance of building our homes, schools and businesses on the core principles of safety, connection and problem-solving."*³¹

Teachers at Fern Creek focused on changing their practices based on three Conscious Discipline principles,'03-'11

1. "The only way to soothe the survival state is through the creation of *safety*"

Teachers created safe places, a sense of family, teaching breathing and calming techniques, emphasizing how all children in their classrooms were wonderful.

2. "The only way to soothe an upset emotional state is through *connection*"

Teachers and staff developed rituals for welcoming new students, beginning and end of day greetings, developing relations with each child based on warmth, caring and love.

3. "The executive state is the optimal state for *problem-solving and learning*"

Teachers encouraged the development of children's inner resources, responsibility and control.

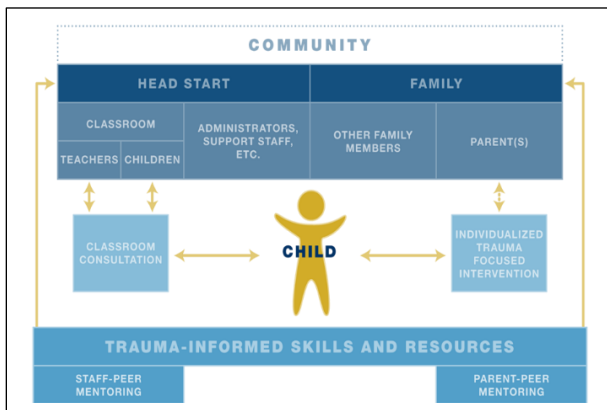
Even though children at the school had many traumatic experiences, most of them (85 percent) coming from poor families, including 20 percent from homeless families, the school improved its performance.

"...this year (2011) no Fern Creek student has been suspended, although 18 have been sent to the quiet room to cool off." The school went from a 'D' school to an 'A' school "The school has had an A rating on its state report card in five of the last six years (2005-2011), with 77 percent of the students scoring proficient in reading and 85 percent doing so in math (NYT, May 1, 2011)." ³¹

Case Study of Head Start-Trauma Smart in Kansas City, Missouri

"When one child or adult experiences trauma, it impacts the entire community. We believe the most effective way to mitigate the effects of trauma is to treat the entire community, by creating an environment where all of the adults in a child's life are able to help the child heal.

Trauma Smart is a systemic practice model demonstrated over the last several years to effectively address the aftermath of violence and trauma within the context of a natural environment – Head Start classrooms. Trauma Smart serves as a "pause" and "reset" button so that all children can enter kindergarten prepared to succeed socially and academically.



Our model:

- Prepares children for social and academic success;
- Actively includes parents in their child's school experience;
- Improves the work environment for teachers and school personnel; and
- Creates practical and enduring change for children, families and communities.

What makes our model unique is that we help create a community where all the people who interact with children – parents, grandparents, teachers, administrators, school bus drivers and ancillary school staff – are prepared to spot the signs of trauma and help kids cope. Our multi-generational

community approach is designed so that the school and home environments are aligned and children have high-quality learning opportunities. We work closely with each classroom and community to tailor the program so that it meets their needs.

We also provide kids and adults with specific strategies and tools to develop self-care techniques and build personal and collective resilience."³²

Lessons Learned from the Three Case Studies (Lincoln High, Fern Creek and Head Start–Trauma Smart)

What are the implications for any school to generate such changes, create the vision and organizational capacity to implement and maintain such new practices?

At Lincoln High, it became clear to the teachers and staff gathered for the focus group that it was not just a matter of changing ‘ways we teach’ or training teachers to diagnose problems and make referrals.²⁰

- It involved changing values and mind-sets about discipline, why students misbehave and cannot learn (often a difficult change for many teachers and school staff with different values and mind-sets).
- It involved providing safety and entering into supportive relationships with students.
- It involved supporting ways in which students themselves set and enforce new behavioral norms that lead to more safety, resilience, learning and academic achievement.

At Fern Creek, the teachers themselves had to learn that:

- “Our internal state allows us to draw upon certain skills. In a survival state where we feel triggered by threat, these skills are flight, fight or surrender. We can’t think clearly....
- Similarly, an upset emotional state is triggered by the world not going our way. It limits our ability to see from another’s point of view. This upset, unconscious state keeps us on autopilot so our words and tone match those of key authority figures from our childhood. We revert to disciplining the same ways we were disciplined, even if we know these behaviors to be ineffective or hurtful.
- However, if we learn to regulate and integrate our internal state to be one of relaxed alertness, we are able to access our own brilliance. We are empowered to change and make wise choices. An integrated executive state frees us from past conditioning, attunes us to the feelings and experiences of others, enables us to remain focused enough to set and achieve goals, and allows us to consciously respond instead of automatically react to life events.”²¹

At Head Start-Trauma Smart, teachers and parents said:²²

- “Before HSTS, I was exhausted from the strain of my job. Now, I know how to take better care of myself, and I know I am making a difference.” Teacher, EOF Head Start
- “I felt all alone in the classroom. I really thought these kids’ issues were too big for me to handle. Now I have ARC tools that really help.” Teacher, Operation Breakthrough
- “I felt so incompetent as a parent. Now I have skills that work not only with my 4 year old, but also with my 13 year old son. I am becoming a calm, confident parent...And my son is becoming a calm, confident teenager.” Parent, Mid America Head Start

In all three cases, changes were sought among adults and communities, but what are the community capacities that support such new school practices? Do experts agree on the characteristics of a thriving high capacity community and the processes that build it?

Emerging Consensus on How to Build Community Capacity

A recent study used three rounds of a Delphi method to reach agreement on the foundations of community capacity development among sixteen research, planning and community practice experts.



“The foundational values of social justice and equity lead to a sense of hope and possibility, a culture of caring, and a belief in the gifts of all residents. These values ground the relational rhythms and structures of the community. These structures are guided by shared, transcendent leadership and by shared power and accountability. This is the foundation for a sense of shared, local identity. The reinforcing rhythms of a thriving, high capacity community, above the surface, is the dynamic cycle of opportunities to build relationships, collectively reflect, take action, and expand leadership. This reinforcing cycle repeats, adapting as the community changes and new issues emerge.”

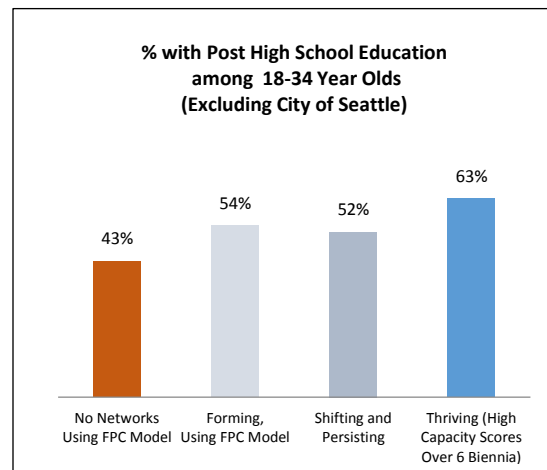
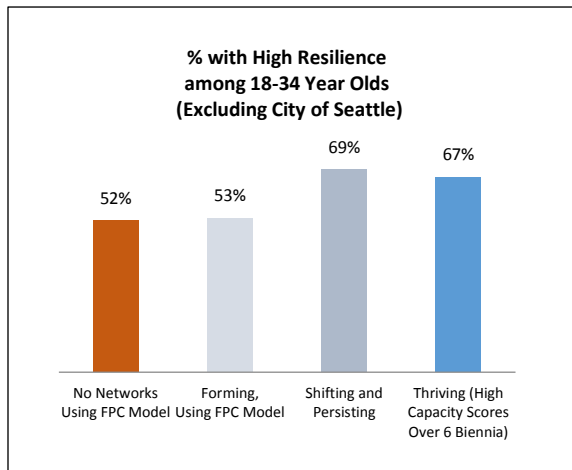
“A thriving community is always bringing those marginalized to the center, sharing power, sharing voice, and learning. Community capacity increases as a community becomes more able to identify and mobilize its diversities, not only its similarities.”²³

Walla Walla has been identified as one of twelve communities in Washington State that developed community capacities to a ‘thriving’ level among the fifty-two Community Public Health and Safety Networks formed in 1997.

Research Findings on the Relationships between Levels of Community Capacity, Resilience and Education

A 2012 study examined outcomes of different levels of community capacity in Washington State among its Community Networks. Community capacity levels were measured every two years from 1999 to 2011.

Young adults, age 18 to 34, who lived in communities at higher stages of community capacity from 1997 to 2011, compared to other young adults living in communities at lower stages of community capacity, had higher resilience and higher levels of education - independent of socio-economic, demographic and cultural racial/ethnic differences (See Figure below).³³



“These findings strongly suggest that increasing community capacity provides great benefits: decreases in toxic stress factors, increases in resilience and education, and in combination with better labor participation, increases in the likelihood of employment and decreases in the number of days one is impaired, if employed.”³³

POLICY IMPLICATIONS: INNOVATIVE PRACTICES NEED TO START EARLY AND BE SYSTEMICALLY REINFORCED IN ORDER TO MAXIMALLY INCREASE RESILIENCE AND IMPROVE SCHOOL PERFORMANCE

For resilience enhancing experiences to ‘stack-up’ and counter the impact of ACEs, research shows that they need to:

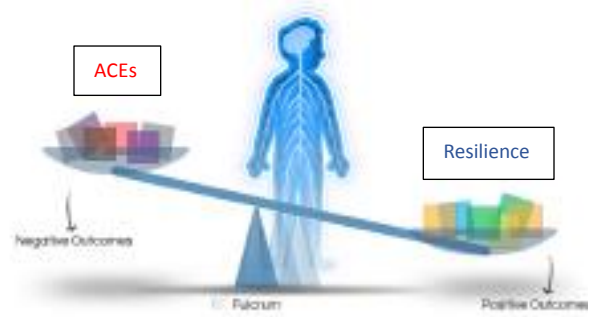
- Occur as early in life as possible and be reinforced throughout life and in many different spheres of interaction: peer, family, schools, work places, neighborhoods and communities,
- Involve dual generation changes, not only in children, but also in parenting adults,
- Require mental model shifts and adoption of different organizational policies and funding.

Implementing these research findings in practice means that:

1. Innovative changes in school practices need to be implemented **early**, with young age children, **and in various schools starting where mental model shifts and collaboration happen more easily, in small organizations and groups** (like Head Start and elementary schools), then getting diffused in larger school settings (middle/high schools and colleges)
2. Schools ‘cannot do it alone.’ If reinforcing resilience experiences are needed throughout life, then **systemic changes are required. Community capacity building efforts are necessary:**
 - to help adults, parents and caregivers, plus different public and private organizations to shift *mental models*
 - to expand the *number of community partners* involved in such changes
 - to push for *changes in public and private traditional policies and funding*, shifting them to support such collaborative, collective community efforts and innovative practices

“Even under highly adverse conditions, development can proceed in a positive direction if parents and other caregivers provide consistent responsiveness, and if communities provide resources and supports that strengthen families’ capacities and make a broader environment of protective relationships accessible to all children.”³⁴

Over time, the cumulative impact of positive life experiences and coping skills on building resilience can shift the fulcrum’s position, making it easier to achieve positive outcomes, such as school performance and education level.³⁴



END NOTES

- 1 http://www.erd.wa.gov/briefs/pdf/no_school_alone.pdf
- 2 http://www.mathematicampr.com/~media/publications/pdfs/family_support/appi_cross_site_evaluation_interim_report_es.pdf
- 3 Shonkoff, J. P. (2010). Building a new bio-developmental framework to guide the future of early childhood policy. *Child Development*, 81(1), 357-367.
- 4 <http://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walla-wa-tries-new-approach-to-school-discipline-expulsions-dro>
- 5 Anda, R.F. and Brown, D.W. (July 2010). *Adverse Childhood Experiences and Population Health in Washington: The Face of a Chronic Public Health Disaster - Results from the 2009 Behavioral Risk Factor Surveillance System (BRFSS)*. Washington State Family Policy Council.
- 6 Bramlett, M.D. et.al. (2014). Adverse Family Experiences among Children in Non-parental Care, 2011-2012. *National Health Statistics Reports*, Number 74. <http://www.cdc.gov/nchs/data/nhsr/nhsr074.pdf>
- 7 Longhi, D. (2010). Fact Sheet: *Preliminary Findings About the Relationship Between Two Kinds of Adverse Experiences (AEs) & Academic, Behavioral & Physical Health Among Youth in Washington State & the Promising Effects of Higher Community Capacity*. Olympia, WA. Washington State Family Policy Council.
- 8 Blodgett, C., Lanigan, J., Harrington, R., Lohan, J., Short, R., Turner, N., Winikoff, J. (2014). Adverse Childhood Experience and Developmental Risk in Elementary Schoolchildren. Manuscript in preparation.
- 9 Losen, D. J. (2011). *Discipline policies, successful schools, and racial justice*. Boulder, CO: National Education Policy Center. <http://nepc.colorado.edu/publication/discipline-policies>
- 10 Bailey, B.A. (2015). *The NEW Conscious Discipline Book – Expanded and Updated*. Oviedo, FL: Loving Guidance, Inc. <http://consciousdiscipline.com/>
- 11 Carrion, V. G. et.al. (2013). Cue-Centered Treatment for Youth Exposed to Interpersonal Violence: A Randomized Controlled Trial. *Journal of Traumatic Stress*, Vol 26, Issue 6. <http://onlinelibrary.wiley.com/doi/10.1002/jts.21870/abstract>
- 12 Wolpow, R. et.al. (2009). *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*. Washington State Office of Superintendent of Public Instruction.
- 13 <http://consciousdiscipline.com/about/ferncreek.asp>
- 14 Longhi, D. with Barila, T. (2015). *Higher Resilience and School Performance Among Students with Disproportionately High Adverse Childhood Experiences (ACEs) at Lincoln High, in Walla Walla, Washington, 2009 to 2013*. Manuscript.
- 15 <http://www.roadmapproject.org/wp-content/uploads/2015/02/2014-Results-Report1.pdf>
- 16 Shonkoff, J.P. (2014). Changing the Narrative for Early Childhood Investment. *JAMA Pediatrics*, 168(2).
InBrief: *Executive Function: Skills for Life and Learning*. Center on the Developing Child, Harvard University. http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_executive_function/
- 17 Closing the Opportunity Gap in East Palo Alto - Citizen Schools. <http://www.citizenschools.org/blog/closing-the-opportunity-gap-in-east-palo-alto/>
- 18 Sonima Foundation Curriculum. <http://www.sonimafoundation.org/sonima-approach/curriculum/>
- 19 InBrief: *The Science of Resilience*. Center on the Developing Child, Harvard University. http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_resilience/
- 20 Paradigm shifts at Lincoln High. <http://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walla-wa-tries-new-approach-to-school-discipline-expulsions-drop-85/>
The Health Center (associated collaborative in fostering integrated behavioral health).
- 21 *The Story of Fern Creek Elementary*. <https://m.youtube.com/watch?v=wtmOEGxlval>
- 22 Head Start-Trauma Smart and the Crittenton Children's Center. <http://www.saintlukeshealthsystem.org/head-start-trauma-smart>

- 23 Morgan, G.B. (2015). *Building Community Capacity: A Qualitative Study*. PhD Dissertation, Seattle University.
- 24 Longhi, D. et.al. (2008). *Community Networks – Building Community Capacity, Reducing Rates of Child and Family Problems: Trends among Washington State Counties from 1998 to 2006*. Washington State Family Policy Council. Retrieved from: <http://digitalarchives.wa.gov/WA.Media/do/DC329ED59D9BC263B534C5A335AB2E0F.pdf>
- 25 Porter, L. (2015). *Community Context for Academic Achievement: A Report on Community Factors that Predict Resilience & Prevention in Nine Randomly Selected Communities in Washington*. Qualitative contribution to the report authorized by ESHB 2739.
- Marek, L.I., Brock, D-J.P., Savla, J. (2015). Evaluating Collaboration for Effectiveness: Conceptualization and Measurement. *American Journal of Evaluation*, Vol. 36(1).
- 26 Flaspohler, P., Porter, L. & Longhi, D. (2012). *Cultivating Capacity: A Developmental Model of Community Empowerment*. Unpublished paper delivered June 22, 2012 at the 4th International Conference on Community Psychology in Barcelona, Spain.
- 27 Mindfulness. <http://www.palycampanile.org/archives/3890#sthash.D3ZUQ5rU.dpuf>
- 28 <https://m.youtube.com/watch?v=wtmOEGxlvaI>
- 29 <http://www.sonimafoundation.org/sonima-approach/curriculum/>
- 30 Shonkoff, J.P., and Fisher, P.A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25 (4, part 2).
- 31 http://www.nytimes.com/2011/05/02/education/02winerip.html?_r=0
- 32 <http://traumasmart.org/our-model/>
- 33 Longhi, D. (2012). *Stress, Strength, Work, Hope – Technical Appendix*. Washington State Family Policy Council.
- 34 http://developingchild.harvard.edu/index.php/download_file/-/view/1792/



Contact information:

Theresa Barila M.S.
Walla Walla County Community Network
Coordinator
Children's Resilience Initiative
www.resiliencetrumpsaces.org
<https://www.facebook.com/ResilienceTrumpsAces?k=wall&filter=3>

Dario Longhi Ph.D.
Participatory Research Consulting LLC
longhid@u.washington.edu